FACILITIES WORK REQUEST		1. FWR Number:		. Date:		
CONTRACTOR EVALUATION			3. Building Number: 4. Contractor:			
5. Job Title:						
6. Final Cost:	7. Superintendent:			8. NAS	8. NASA PM:	
NOTE: AN	Y ITEM RATE	ED "UNSATISFAC	TORY" OR "NO", RE	QUIRES AN E	EXPLANATION	
		Į.	DESIGN			
9. Group/Firm Responsible for the De	esign:					
10. Evaluation of design: Explain:	Satisfac	tory U	nsatisfactory			
		9	SAFETY			
11. Compliance with safety standards Explain:		tory 🗌 Uı	nsatisfactory			
12. Labor Standards Interviews: Explain:	Satisfac	tory [_] Ui	nsatisfactory			
13. Did the contractor have any misha Explain:			SA form 1627 to be filled	out? (If Yes exp	lain) Yes	□ No
'						
44 Pil 4 4 6 6 FWP			HEDULING			
14. Did contractor satisfy FWR requir	ements by sche	eduled completion da	ite?	☐ Yes	☐ No	
Explain:						
15. Notice to Proceed:	16. Contract	Completion Date:		17. Actual Completion Date:		
18. Final Inspection Date:						
		QUALI	TY OF WORK			
19. Satisfactory Explain:	Unsatisfacto	ry				
PROJECT MANAGEMENT 20. Did contractor avoid unplanned disruption to building occupants?					□ No	
Explain:		-		└ Yes	L NO	
21. Did contractor provide FWR submittals per contract requirement? Explain:				Yes	☐ No	
22. Did contractor provide adequate reporting per requirements in contract? Explain:				Yes	☐ No	
23. Detail of outstanding performance	e or unsatisfacto	ory findings:				
24. CMI: 25. CMI Lead Signature:						